

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
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TOTAL IND.			7			
TOTAL DER.			6			
TOTAL CLAIMS			13			

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.				7		
TOTAL DER.				6		
TOTAL CLAIMS				13		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY